

DCH-1226, ACCESS TO RECORDS REQUEST

Michigan Department of Health and Human Services

(Revised 11-21)

This records request form concerns records maintained by Medicaid, other medical assistance programs, state facilities, and any other component of MDHHS that is subject to the HIPAA Privacy Regulations.

Consider the following when requesting access to your records:

- You may ask to review and/or obtain information about yourself from records that the Michigan Department of Health and Human Services (MDHHS) maintains. The records MDHHS maintains are limited to services provided by MDHHS programs. If you are seeking medical records, you should ask your physician.
- The MDHHS may deny access to any information if given to MDHHS by someone other than a health care provider, under the promise of confidentiality.
- The MDHHS can deny or limit your access to information in certain limited circumstances. You may be asked to contact your direct care provider to access psychotherapy notes or other treatment information if your direct care provider created the original record.
- If you are denied access to your information, you will be told why. You may request a review of the denial.

Directions: Type or print all requested information with exception of signatures.

SECTION 1

Name of Facility or MDHHS program that maintains the individual's records

Michigan Medicaid

Individual's name (beneficiary, recipient, patient, consumer, etc.)

Phone Number

Individual's ID number (Medicaid, SSN, other)

Individual's date of birth

Street address

City

State

Zip Code

Records requested for access (Identify type and amount of information, including dates where appropriate. For newborn screening results, provide the mother's name at the time of birth)

Insurance Records, Claims, Billings, Claims Paid, Reports, Accident Reports, Medical Records and any other records, charts showing date of service, location, amount billed and amount paid.

You may request that records be sent to you (or your designee) by email, fax, or U.S. mail. Note that not all records are available electronically. Only records that are readily producible in electronic format will be sent electronically. Specify below how you prefer to receive the records requested.

☒ Email ☐ Fax ☐ U.S. Mail

Send records to (specify individual if different from individual whose records are being requested)

Legal- Ease Digital Imaging

Street address

City

State

Zip Code

2496 Meadowcroft Dr

Burton

MI

48519

Email

Fax number

pat.legalease@gmail.com

810-547-4030

Legal representative's name	Legal representative's relationship to individual (A letter of authority may be requested)
Signature of individual or legal representative	Date

SECTION 2

You have the following rights to access your information:

- You have a right to have an answer to your request within 30 calendar days.
- If there are delays in getting you the answer, you will be told of the delay.
- The delay cannot be more than 30 calendar days.
- You will receive an answer in writing.
- You may be charged a reasonable cost-based fee.
- Your request may be denied in certain limited circumstances.

Send the completed form to:
MDHHS, Bureau of Legal Affairs
Suite 207
P.O. Box 30037
Lansing, MI 48909
Fax: 517-241-1200
Email: mdhhs-subpoena@michigan.gov

You have the right to file a privacy complaint:
Individuals can file privacy complaints with either MDHHS or the U.S. Department of Health and Human Services, Office of Civil Rights. You will not be penalized for filing a complaint.

You have the right to file a privacy complaint: MDHHS, Compliance and Data Governance Bureau Email: mdhhsprivacysecurity@michigan.gov	OR Centralized Case Management Operations U.S. Department of Health and Human Services 200 Independence Avenue, S.W. Room 509F HHH Bldg. Washington, D.C. 20201 Email: ocrcomplaint@hhs.gov Phone: 800-537-7697
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MDHHS USE ONLY

☐ Approved Date _____	☐ Denied Date _____	☐ Delayed Date _____
Comments _____		

MDHHS representative signature	Date
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The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.

AUTHORITY: This form is acceptable to the Michigan Department of Health and Human Services as compliant with HIPAA privacy regulations, 45CFR Parts 160 and 164 as modified August 14, 2002.